Approved for use through 7/31/2006. OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PTO/SB/06 (08-03) PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 ·CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL.ENTITY .. SMALL ENTITY . FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE FEE RATE (37 CFR 1.16(a)) FEE TOTAL CLAIMS OR (37 CFR 1 15(c)) minus 20 = X S INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 2) Churns. OTHER THAN --SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESEN ADOI: 110/2 AMENDA io... JOME PAIDFOR Total (37 CFR 1,15(c)) FEE Minus 꿃 independent (37 CFR 1.16(b)) **⊃**R OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 15,01) CP TOTAL TOTAL ADD'L FEE CR ADD'L FE (Column 1) (Column 2) · (Column 3) CLAIMS HIGHEST Ø REMAINING NUMBER PRESENT ENT RATE **AFTER** ADDI-RATE PREVIOUSLY EXTRA ADDI-AMENDMENT TIONAL PAIDFOR TIONAL ENDM FEE Total (37 CFR 1.16(e)) Minus FEE Independent (37 CFR 1.16(b)) OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1/6(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE **AFTER** ADDI. PREVIOUSLY RATE **EXTRA** AMENDMENT TIONAL PAID FOR TIONAL Total (37 CFR 1.18(c) FEE Minus ENDM FEE Independent (37 CFR 1,16(b)) OR Minus ≎₹

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1:16(d))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including pathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DONESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

OR

OR.

TOTAL

ADD LIFEE

[.] If the entry in column 1 is less than the entry in column 2, write 10 in column 3

If the entry in column 1 is tess than the entry in column 2 write 10 in column 3.

If the Highest Number Previoush Paid For 181 THIS SPACE is tess than 20, enter 20.

If the Highest Number Previoush Paid For 181 THIS SPACE is tess than 3, enter 37.

The "Highest Number Previoushy Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.